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FACSIMILE COVER SHEET

To: Assistant Commissioner for Patents

Fax Number: (703) 872-9310

From: Stanley D. Ference III

Date: August 19, 2003

Pages: 16 pages (including this cover sheet)

MESSAGE:

Application No. 09/654,097
Examiner N. Norton
Art Unit 1764

Amendment Transmittal
Amendment
Petition for 3 month Extension of Time (Small Entry)
Completed Credit Card Payment Form

FAX RECEIVED

AUG 20 2003

TC 1700

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FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. 572,007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Alkhalidi
Serial No. : 09/654,097 Examiner : N. Norton
Filed : August 31, 2000 Group Art Unit : 1764
For : METHOD AND APPARATUS FOR CONTINUOUS SEPARATION
AND REACTION USING SUPERCRITICAL FLUID

HON. COMMISSIONER OF PATENTS AND TRADEMARKS
P.O. Box 1450
Alexandria, Virginia 22313-1450

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TC 1700


Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☒ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (703) 672-8310 on August 19, 2003.


Stanley D. Ference III
Reg. No. 33,879

August 19, 2003
Date of Signature

OFFICIAL

FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. 572.007

5. ☒ Also enclosed: Completed Credit Card Payment Form
6. ☒ No additional filing fee is required.
7. ☐ The filing fee has been calculated as shown below:

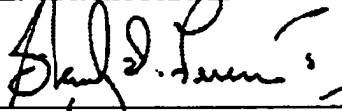
	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
				RATE	FEE		RATE	FEE
Total	9	** 26	= 0	x \$9	=	O	x \$18	=
Claims						R		
Ind.	1	*** 3	= 0	x \$42	=	O	x \$84	=
Claims						R		
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$140	=	O	+ \$280	=
						R		
				TOTAL	= \$	O	TOTAL	= \$
						R		

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
 *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 15-----.
10. ☐ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 15—. A duplicate copy of this communication is attached.

Respectfully submitted,

FERENCE & ASSOCIATES



By Stanley D. Ference III
Reg. No. 33,879

Dated: August 19, 2003

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Page 2 of 2